



FSBA

**FLORIDA SCHOOL BOARDS ASSOCIATION
TRAVEL/EXPENSE REIMBURSEMENT REQUEST FORM**

Name: _____

Date of Trip or Expenses: _____

Destination: _____

Purpose of Trip or Expenses: _____

EXPENSES

Car Mileage: _____ miles @ \$0.76 per mile \$ _____

Other Transportation Costs: Airfare \$ _____

 Taxi \$ _____

 Tolls \$ _____

Lodging \$ _____

Meals \$ _____

Car Storage \$ _____

Tips \$ _____

Miscellaneous: (Explain) \$ _____

Total Expenses \$ _____

Less Advance (if any) \$ _____

AMOUNT DUE \$ _____

Signature _____ Date _____

To ensure prompt reimbursement please attach documentation of all expenses claimed, including mileage.

The form and documentation may be emailed to steffens@fsba.org or mailed to Jordan Steffens, 203 S. Monroe Street, Tallahassee, FL 32301.